

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-376)

APPLICANT(S)

09/603 622 16-26-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	INO.	DEP.	INO.	DEP.	INO.	DEP.		INO.	DEP.	INO.	DEP.	INO.	DEP.
1	/						61						
2	/						62						
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48													
49													
50													
TOTAL	1						TOTAL						
INO.							INO.						
DEP.	12						DEP.						
TOTAL	13						TOTAL						

BEST AVAILABLE COPY